		ORNIA - PERSONNEL ADMINIS XPENSE CLAIM 93c)				structior Stateme					Page		of	Pages
	//ANT'S			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	SOCIAL SECURITY NUMBER DEPA						MENT	
	L. Jaco											HCD		
POSIT		DDS			Bargainir	ng Unit#	DIVISIO	N OR BU	REA	U		11100	INDEX	PCA
Direc					E	99	Executiv	ve Office	)				5103	50001
		ADDRESS						JARTERS		DRESS		TELEPHO	ONE NUM	BER
							1800 Tr	nird Stree	et, S	uite 450	•	9	16 445-4	775
CITY				STATE	ZIP CODE		CITY					STATE	ZIP CODE	
Sacra	amento			CA		,	Sacram	ento				CA	9	5811
(1) MONT	) MONTH (YEAR (3) (4) (5)			(5) N	MEALS		(6)	(7)	TRA	NSPORTATI	ON		(8)	(9)
									'n.					
	g-09	LOCATION				O.T., L/T, NC, RELO.	ואסוסבאו	(A)	(B)	(C) CARFARE	PRIVAT	(D) E CAR USE	BUSINESS	TOTAL
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	INCIDEN- TALS	COST OF TRANS	TYPE USED	TOLLS, PRKG	MILES	AMOUNT	EXPENSE	FOR DAY
8/3		Sacramento							PC	12.00	4	2.20		14.20
		Sacramento							PC	15.00	8	4,40		19,40
8/4							·							
8/5		Sacramento							PC	9.00	4	2.20		11.20
8/6		Drove to Sacramento A/P		ļ					PC		12	6.60	·	6.60
	1100	Sacramento to Burbank	N/A			ļ			<u> </u>					-
8/7		Oxnard	N/A										. ,	-
8/8		Los Angeles	N/A							~		-	**	
8/10		Ventura	N/A	,								-		-
	*							33.32	BC.	20.00		_		53,32
8/11		Los Angeles						33.32		,				
		Burbank to Sacramento						:	PC	54.00				54.00
	2000	End of trip				ļ						-		
	,											-		-
									,			-	,	
			·			,						-	٠.	
												-		-
(10)		SUBTOTALS				<del>  _</del>		33,32	_	110.00	28.00	15,40		158.72
COLU	IMN CC	DE (ACCTG: USE ONL	) Y)	344134		1,004,000		the west to					ap elgityair	
	***************************************	CLAIM TOTAL		. (	. 4			<b>L</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	*************	1************	***************************************	\$	158.72
		SE OF TRIP, REMAR									(12) NOR	MAL WORK I		
8/3 - 5	Sacrame	ento Meetings w/CA Ban vant; CA Land Association	kers Associa	ation and	Erica Mar	tinez. 8/4	- Sacran	nento Med	eting:	s mento	(40) 001	8:00 AN	1 - 5:00	
Meetir	ngs w/ \	/ince Daley and TCAC.	8/6 - Sacram	nento Mee	etingsdr	ove to Sa	cramento	A/P and	flight	from	(13) = 1310	ATE VEHICLE	L CIOCNOL N	о.
Sacra	mento t	o Burbank, 8/7 - Meeting Angeles, 8/10 - Meetings	gs in Westlak	e Village	. 8/8- Sp	eaking En	gagemen	t at Grand	d Ope	ening of	(14) MILE	AGE RATE C	LAIMED	
with H	ill Los IUD in L	os Angelesmeeting wi	th Centennia	il LLC F	Flight fron	n Burbank	to Sacra	mento HC	Q	End of			0.55	To all and a second
Trip	No lodg	ing incurredstayed w/	relatives.								AGE	感 化 建气管 语	OUNTING	OFFICE:
										:		PAID BY REV	ولساواته للجعدة المائاه كالمعتملين تنا	CK No.
	of the Sta	CERTIFY That the above is a to the of California. If a privately ow the vehicle was equal to or greaters.	vned vehicle was	used, and if	f mileage rat	es exceed the	e minimum ra	ite, I certify t	he cos	st of				
	0750, 075	51, 0752, 0753 and 0754 pertaini		ety and seat							ANSSII	LAPAP	DATE	• •
	NT'S SIG			DATE		1, ,			'ROVI	NG TRAVEL	AND PAY	MENT	DATE	
		Jacobs			12/09	.1	t Mar	idell					08/13/	09 .
	COLL CV	PENSE AUTHORIZATION - SIG	NATI IRE and TI	TLE (See Ite	m 17 on rev	erse)							DATE	

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM STD.262 (REV. 6-93c)						See Instructions and *Privacy Statement below							Page of Pages				
**********	**********	***************************************			ISOCIAL SECURITY NUMBER						Page of Pages  DEPARTMENT						
	IANT'S						SOCIAL	SECURI	IYN	UMBER			MENI				
	L. Jaco	obs			15	17.44	DIVISIO	V OR BU	DEA	11		HCD	INDEX	ΒĊΛ			
POSIT	ION				Bargainin												
Direct					E	99		ve Office		DDESS		TELEPHO		50001			
RESID	DENCE	ADDRESS			HEADQUARTERS ADDRESS						,						
								ird Stree	et, S	uite 450				3 445-4775			
CITY			STATE	ZIP CODE		CITY					STATE	ZIP CODE					
Sacra	mento		<del></del>	CA			Sacram	ento				CA	95811				
(1) MONT	H /YEAR	(3)	(4)	(5) N	MEALS	[	(6)	(7)	TRAI	NSPORTATI	ON	•	(8)	(9)			
(2)	g-09	LOCATION WHERE EXPENSES		BREAK-		O.T., L/T, NC, RELO. OR	INCIDEN-	(A)	(B)		l	(D) E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES			
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED	PRKG	MILES	AMOUNT	LATEROL	FOR DAY			
8/12		Sacramento								9.00		-		9.00			
8/13		Drove to Sacramento A/P			/				PC		12	6.60		6.60			
2*	1600	Sacramento to Burbank	N/A					,				-		-			
8/14		Ventura						14.64	RC			_		14.64			
8/16		Drove to Burbank A/P							PC		63	34.65		34.65			
		Burbank to Sacramento								27.00				27.00			
	2000	End of Trip												~- <u>-</u>			
														-			
												-					
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												-		· · ·			
(10)		SUBTOTALS	-	-		_	-	14.64	-	36.00	75.00	41.25	_	91.89			
COLU	MN CO	DE (ACCTG: USE ONL CLAIM TOTAL	Y)			diane de la company			1.0				\$	91.89			
(11) F	PURPO	SE OF TRIP, REMAI	RKS AND I	DETAILS	3						(12) NOR	MAL WORK H					
8/12 -	-Sacrai	mento Meetings / Pre MeetingsFlight from	-briefing at	the Gov	ernor's C	Office on 8/14- Me	Enterpri eetinas w	se Zone ith Venti	s. 8. ura (	/13 - County	(13) PRIV	ATE VEHICLE	/1 - 5:00 ELICENSE N				
regar	ding G	reen Jobs/ Affordable	Housing Ir	itiative.	8/14 - R	eturned	Rental C	ar. 8/16	- Dr	ove							
Perso	onal Ca	r to Burbank A/P. Fli	gnt from Bu	irbank to	Sacram	iento HC	≀. ⊨na ot	ı rıp			(14) MILE	AGE RATE C	LAIMED 0.55				
-											ΔΩΕ	NCY ACC		OFFICE			
													E ONLY				

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. CLAIMANT'S SIGNATURE Lynn L. Jacobs 08/17/09
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on Item)

reve	erse) .	DATE
	Judy Nevis	08/17/09
	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE

	. <b>VEL E</b> 2 (REV. 6-	EXPENSE CLAIM				structioı Stateme		•			Page		of	Pages	
************	MANT'S	***************************************	***************************************	***************************************	***************************************		SOCIAL	SECURI	,			DEPART	MENT		
	L. Jac											HCD			
POSI					Bargainir	ng Unit#	DIVISIO	N OR BU	REA	U	,		INDEX PCA		
Direc	etor	•			E	99 '	Executi	ve Office	9				5103	50001	
		ADDRESS	<del></del>		<del></del>	<del> </del>		JARTER		DRESS		TELEPHO	ONE NUM	BER	
							1800 Th	nird Stree	et, S	uite 450		9	16 445-4	775	
CITY				STATE	ZIP CODE		CITY		-	· ·		STATE	ZIP CODE		
Sacra	amento	,		CA			Sacram	ento				CA	9:	5811	
(1) MON7	TH MEAR	(3)	(4)	(5)· N	NEALS	T	(6)	(7)	TRAI	NSPORTAT	ION		(8)	(9)	
Αu	ıg-09	LOCATION				O.T., L/T,		(A)	(B)	(C)		(D)		TOTAL	
(2)		WHERE EXPENSES		BREAK-		NC, RELO. OR	INCIDEN-	COST OF	TYPE	CARFARE TOLLS,	PRIVAT	E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES	
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED		MILES	AMOUNT .	EXPENSE	FOR DAY	
8/12		Sacramento	,						PC	4.50	4	2.20		6.70	
8/18		Sacramento	,						РС	7.50	4	2.20		9.70	
8/20		Drove to Sacramento A/P							РС		12	6.60		6.60	
	1600	Sacramento to Burbank												٠-	
8/21		Camarillo / Oxnard						- "				_		-	
8/22		Ventura												<u>-</u>	
8/24		Oxnard										-			
8/25		Burbank						31.40	RC			-		31.40	
174 F		Burbank to Sacamento							PC	36.00				36.00	
	1700	End of Trip								. ,		-		_	
														-	
	-											-			
												-			
												-		· ·	
												-			
(10)		SUBTOTALS	-	-	-	- '		31.40	-	48.00	20.00	11.00	-	90.40	
COLU	JMN CC	DE (ACCTG. USE ONL) CLAIM TOTAL	()										\$	90.40	
(11)	PURPO	OSE OF TRIP, REMAR	RKS AND E	ETAILS	<del>}</del>						(12) NOR	MAL WORK I	<u> </u>		
8/12-	- Enter	prise Zone Briefing wit	th the Gove	rnor's O	ffice. 8/							8:00 AN	Л <b>-</b> 5:00	PM	
		) - Sacramento Meetin									(13) PRIV	ATE VEHICLI	E LICENSE N	0.	
		ppez and Dave White ( Raley in Ventura. 8/									(14) MILF	AGE RATE C	LAIMED		
of Ox	mard a	nd Chuck Cohen, San	dy Smith a	nd John	Ashkar	in Westl	ake Villa	ge regar	rding	•	( , , ,		0.55		
		lousing. 8/25 - Meeting mes) in Marina del Re						ta Monic	a ar	id Jeff		ماديد ماينا المايا فتريجه فراحه	E ONLY		
(45)	LUCDOS	Y CERTIFY That the above is a tr	ue stalement of	the travel or	nences inc	rred by ma in	accordance	with DPA re-	lee in f	he senice	ł	PAID BY REV	. FUND CHE	JK No.	
(13)	of the Sta operating	te of California. If a privately ow the vehicle was equal to or great	ned vehicle was er than the rate	used, and if claimed, and	mileage rate I that I have	es exceed the	e minimum ra	te, I certify the	he cos	st of		-			
		51. 0752, 0753 and 0754 pertainin NATURĖ	ig to venicle saf	DATE	ven usage.	(16) SIGNA	TURE OF O	FFICER APP	PROVI	NG TRAVEL	AND PAY	MENT	DATE		
CLAIM															
		Jacobs		08/2	27/09	Elliot	t Mar						08/27/0	)9	

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION

CLAIMANT'S N Lynn L. Jacob POSITION Director RESIDENCE A  CITY Sacramento  (1) MONTH /YEAR (3) Aug-09 (2)	IAME .s DDRESS		STATE	Bargainir	ng Unit#	SOCIAL	SECURI	TY N	UMBER		DEPART		PCA
Lynn L. Jacob POSITION Director RESIDENCE A  CITY Sacramento (1) MONTH /YEAR (3)  Aug-09	DDRESS		STATE	-	_	DIVISIO					HCD	INDEX	IPCA
POSITION Director RESIDENCE A  CITY Sacramento  (1) MONTH /YEAR (3)  Aug-09	DDRESS		STATE	-	_		N OR BU	REA	Ū		1102	INDEX	IPCA
Director RESIDENCE A  CITY Sacramento  (1) MONTH /YEAR (3)  Aug-09			STATE	-	_	Executi							ı. UA
CITY Sacramento (1) MONTH /YEAR (3) Aug-09			STATE				ve Office	,				5103	50001
CITY Sacramento (1) MONTH /YEAR (3			STATE				JARTERS		DRESS		TELEPHO	ONE NUM	<u> </u>
Sacramento (1) MONTH /YEAR (3	)		STATE				nird Stree				9	16 445-4	1775
(1) MONTH /YEAR (3	)			ZIP CODE		CITY	ma outo	J., O	4.10 .00		STATE	ZIP CODE	
(1) MONTH /YEAR (3	9)		CA			Sacram	ento				CA	9	5811
Aug-09		(4)	<del>                                      </del>	1EALS		(6)	(7)	TRAN	ISPORTATI	ON		(8)	(9)
		(4)	(5) N		·	(0)	.,					1 "	
(2)	LOCATION				O.T., L/T, NC, RELO.		(A)	(B)	(C)		(D)		TOTAL
, 1	WHERE EXPENSES		BREAK-		OR	INCIDEN- TALS	COST OF	TYPE	CARFARE TOLLS,		E CAR USE	BUSINESS EXPENSE	EXPENSES
DATE TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS.	TRANS	USED	PRKG	MILES	TANOMA	ZAI ZIIOZ	FOR DAY
8/26 S	acramento							PC	4.50	- 4	2.20		6.70
s	acramento							PC	13.00	4	2.20		15.20
8/28 S	acramento							PC	4.50	4	2.20		6.70
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(10)	SUBTOTALS	-	-		-		-	-	22.00	12.00	6.60	-	28.60
COLUMNCOD	E (ACCTG, USE ONLY	) Et ink Esp											
	CLAIM TOTAL											\$	28.60
	E OF TRIP, REMAR					<i></i>	, ,,,,		0 11 1	(12) NORI	WAL WORK H		D.M.
	r Jacobs and staff ha Jacobs spoke at the									(13) PRIV		/1 - 5:00	
	astructure Planning									(10)11111			
	ay at the State Treas			•						(14) MILE	AGE RATE C	LAIMED	
•	- ,		•									0.55	
•						•		•		AGE		OUNTING	OFFICE
											والتصويد ويوالي والماسية ومدين والمساورة	E ONLY	CK No.
(15) I HEREBY C	ERTIFY That the above is a tru	ue statement of	the travel exp	enses incur	red by me in	accordance	with DPA rul	es in tl	ne service				
operating the	of California. If a privately own e vehicle was equal to or greate	er than the rate	claimed, and	that I have r									
0750, 0751. CLAIMANT'S SIGNA	0752, 0753 and 0754 pertainin TURE	ig to vehicle safe	ety and seat		(16) SIGNA	TURE OF OF	FICER APP	ROVIN	IG TRAVEL	AND PAY	MENT	DATE	
						t Man			<b>_</b>				20
	ACODS  NSE AUTHORIZATION - SIGN	ATURE - IT	<b>L</b>	1/09		Liviali	uell	<del></del>	-			09/01/0	J-3

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION